

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR LICENSURE AS AN ASBESTOS ABATEMENT WORKER

1. TYPE OF APPLICATION: ____ INITIAL ____ RENEWAL

If Renewal, current license number: LAW-

2. APPLICANT:

Name: _____

Street: _____ Telephone No. _____

City/Town: _____ State: _____ Zip: _____

3. DOCUMENTATION OF REQUIRED TRAINING:

Attach original or certified copy of certificate(s) indicating successful completion of all training required by Section B.3.1 of the Rules and Regulations for Asbestos Control. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course. Renewal applications should only include original or certified copies of certificates for training courses not already on file with the Agency.

4. LICENSURE/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds an asbestos abatement worker license or other authorization to function as an asbestos abatement worker. Attach copies of all such licenses and/or authorizations.

5. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

- A. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos abatement worker license or other authorization to function as an asbestos worker held by the applicant? () Yes () No

If yes, provide details.

- B. Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant? () Yes () No

If yes, provide details.

6. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

Complete application, the twenty dollar (\$20) licensure fee, and (if applying by mail) two (2) full-face color photographs (not larger than one and one-quarter (1.25) inches high by one (1) inch wide) should be submitted to:

**Rhode Island Department of Health
Office of Occupational and Radiological Health
3 Capitol Hill, Room 206
Providence, Rhode Island 02908-5097
(401) 222-3601**

***fee must be paid by check or money order.**

AGENCY USE ONLY: